SECURITY GUARD AGENCY VERIFICATION OF EXPERIENCE

PRIVATE INVESTIGATOR AND SECURITY GUARD LICENSING BOARD PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis IN 46204-2700
Telephone: (317) 234-3022
E-mail: pla10@pla.in.gov
www.pla.in.gov

SECTION I: APPLICANT / AGENCY QUALIFIER INFORMATION (To be completed by the applicant.)	
Name of applicant / agency qualifier (last, first, middle, maiden or previous)	
Name of employer	
Address of employer (number and street, city, state, and ZIP code)	
Telephone number of employer (include area code) ()	E-mail address of employer
Position of applicant / agency qualifier	Dates of employment (month, day, year) From To
Duties of applicant / agency qualifier	
SECTION II: APPLICANT / AGENCY QUALIFIER EMPLOYMENT INFORMATION (To be completed by the former or present employer of the applicant and uploaded with the application.)	
Name of employer	License number of employer (if applicable)
Address of employer (number and street, city, state, and ZIP code)	
Name of person completing this form	Title of person completing this form
According to our records,	
Security Guard Investigator Other from (month, day, year) to (month, day, year)	
Describe the approximate amount of time (in hours) the applicant was involved in each of the duties.	
This company issues W-2's 1099's to employees.	